

## **EXHIBIT I**

## LEASE AGREEMENT

THE DOCUMENT COMPANY  
XEROX

Customer's Legal Name (B#) PHOENIX COLOR CORP. Check all that apply

Name Overflow (if needed) PHOENIX COLOR CORP. Tax Exempt (Certificate Attached) ☒

Street Address 22977 EABLEWOOD CT ☐ Assoc./Coop. Name: \_\_\_\_\_

Box#/Routing \_\_\_\_\_ ☒ Negotiated Contract #: 070716806

City, State STERLING, VA ☐ Attached Customer P.O. #s: \_\_\_\_\_ Supplies: \_\_\_\_\_

Zip Code 20166 ☐ State or Local Government Customer

Tax ID# \_\_\_\_\_ Int. Rate: \_\_\_\_\_ % Total Int. Payable: \$ \_\_\_\_\_

Customer Name (Install) PHOENIX COLOR ☐ Replacement/Modification of Prior Xerox Agreement

Name Overflow (if needed) \_\_\_\_\_ Agreement covering Xerox Equipment Serial# (or 95#): \_\_\_\_\_

Installed at Street Address 18249 PHOENIX DR is hereby ☐ modified. ☐ replaced. Effective Date: 1/1/99

Floor/Room/Routing \_\_\_\_\_ Comments: \_\_\_\_\_

City, State HAGERSTOWN MD Lease Information

Zip Code 21742 Lease Term: 60 months

County Installed In \_\_\_\_\_ ☐ Supplies included in Base/Print Charges

Customer Requested Install Date 7/29/99 ☐ Refin. of Prior Agm't.: ☐ Xerox (95#) ☐ 3rd Party Eq.

Amt Refin: \$ \_\_\_\_\_ Int Rate: \_\_\_\_\_ % Total Int. Payable: \$ \_\_\_\_\_

## Lease Payment Information

Product (with serial number, if in place equipment)	Purchase Option	Down Payment	Prev Install	Fin'l Intern	Cust Install
(1) DIGIPATH (1) TAVIS PAIR	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DIGIPCA	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) ADDSCAN-A	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) OPTICAL-A	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) MRTB	\$ FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 1951 - MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)					

## Price Information

☐ Adjustment Period

Period A - Mos. Affected:				Period B - Mos. Affected:			
Monthly Base Charge	\$ 1951	Monthly Base Charge	\$	Monthly Base Charge	\$		
Print Charge Meter 1:		Print Charge Meter 1:		Print Charge Meter 1:			
Prints 1 - <u>∞</u>	\$ <u>0</u>	Prints 1 -	\$	Prints 1 -	\$		
Prints -	\$	Prints -	\$	Prints -	\$		
Prints -	\$	Prints -	\$	Prints -	\$		
Print Charge Meter 2:		Print Charge Meter 2:		Print Charge Meter 2:			
Prints 1 -	\$	Prints 1 -	\$	Prints 1 -	\$		
Prints -	\$	Prints -	\$	Prints -	\$		
Mo. Min.# of Prints (based on Meter 1 Print Charges):		Mo. Min.# of Prints (based on Meter 1 Print Charges):		Mo. Min.# of Prints (based on Meter 1 Print Charges):			

☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

Reorder #	Qty	Description	Price
			\$
			\$
			\$
			\$
Total Price =			\$

☐ Application Software

Software Title	Initial License Fee	Annual Renewal Fee
	<input type="checkbox"/> Cash <input type="checkbox"/> Finance	<input type="checkbox"/> Support Only
	\$	\$
	\$	\$
	\$	\$
Total Initial License Fees =		\$

☐ Trade-In Allowance Final Principal Payment#

Manufacturer	Model/Serial #	Allowance
		\$
		\$
		\$
Total Allowance =		\$

Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$

☐ Price of Replacement Equip.: \$

☐ K-16 Billing Suspension

(check 1 as required)

Months affected

☐ June only☐ July only☐ August only☐ June - July☐ July - August

## Additional Options (check all that apply)

☐ Run Length Plan ☐ Fixed Price Plan☐ Per-Foot Pricing☐ Extended Service Hours:

Description: \_\_\_\_\_ /\$ \_\_\_\_\_ mo.

☐ Comp. Replacement Program: \$☐ Attached Addenda

form# \_\_\_\_\_ ( ) form# \_\_\_\_\_

## Agreement Presented By:

Name BRUCE HUSSEIN Phone 202 962 7676

Xerox Corporation - Acceptance By:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Form 51860 (10/97)

## Customer:

Name DON TILLEY Phone 703 834 1111Title V.P. PHOENIX COLOR Date 9/27/99

Signature \_\_\_\_\_

## LEASE AGREEMENT

THE DOCUMENT COMPANY  
XEROX

Customer's Legal Name (B/C) PHOENIX COLOR CORP.  
 Name Overflow (if needed) PHOENIX COLOR CORP.  
 Street Address 22922 EMBLEWOOD CT.  
 Box#/Routing \_\_\_\_\_  
 City, State STERLING, VA  
 Zip Code 20166  
 Tax ID# \_\_\_\_\_  
 Customer Name (Install) PHOENIX COLOR  
 Name Overflow (if needed) \_\_\_\_\_  
 Installed at Street Address 18249 PHOENIX DR  
 Floor/Room/Routing \_\_\_\_\_  
 City, State LAGERS TOWN, Md  
 Zip Code 21242  
 County Installed In \_\_\_\_\_  
 Customer Requested Install Date 9-12-99

## Check all that apply

☒ Tax Exempt (Certificate Attached)☐ Assoc./Coop. Name: \_\_\_\_\_☒ Negotiated Contract #: 070716806☐ Attached Customer P.O. #s: \_\_\_\_\_ Supplies: \_\_\_\_\_

Lease: \_\_\_\_\_

☐ State or Local Government Customer

Int. Rate: \_\_\_\_\_ % Total Int. Payable: \$ \_\_\_\_\_

☐ Replacement/Modification of Prior Xerox Agreement

Agreement covering Xerox Equipment Serial# (or 95#): \_\_\_\_\_

is hereby ☐ modified. ☐ replaced. Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

## Lease Information

Lease Term: 60 months☐ Supplies included in Base/Print Charges☐ Refin. of Prior Agm't.: ☐ Xerox (95#) \_\_\_\_\_ ☐ 3rd Party Eq.

Amt Refin: \$ \_\_\_\_\_ Int Rate: \_\_\_\_\_ % Total Int. Payable: \$ \_\_\_\_\_

## Lease Payment Information

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(1) DIGI PATH	FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DIGI PCA	FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) ADD SCAN-A	FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) DETICAL-A	FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) MRTBL	FMV	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\$ 1951 - MINIMUM MONTHLY LEASE PAYMENT (excl. of applic. taxes)

## Price Information

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Prints 1 - <u>∞</u>	\$ <u>0</u>	Prints 1 -	\$
Prints -	\$	Prints -	\$
Prints -	\$	Prints -	\$
Print Charge Meter 2:		Print Charge Meter 2:	
Prints 1 -	\$	Prints 1 -	\$
Prints -	\$	Prints -	\$

Mo. Min.# of Prints  
(based on Meter 1 Print Charges): \_\_\_\_\_Mo. Min.# of Prints  
(based on Meter 1 Print Charges): \_\_\_\_\_Mo. Min.# of Prints  
(based on Meter 1 Print Charges): \_\_\_\_\_☐ Purchased Supplies ☐ Cash ☐ Financed ☐ Contract#

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Total Allowance Applied to: ☐ Trade-In Equipment Balance: \$ \_\_\_\_\_  
☐ Price of Replacement Equip.: \$ \_\_\_\_\_☐ K-16 Billing  
Suspension

(check 1 as required)

Months affected

☐ June only☐ July only☐ August only☐ June - July☐ July - August

Additional Options (check all that apply)

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Description: \_\_\_\_\_ /\$ \_\_\_\_\_ mo.

☐ Comp. Replacement Program: \$ \_\_\_\_\_☐ Attached Addenda

form# \_\_\_\_\_ ( ) form# \_\_\_\_\_

## Agreement Presented By:

Name BRUCE NISSBAUM Phone 202 962 7676

Xerox Corporation - Acceptance By:

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Form 51880 (10/97)

## Customer:

Name DON TYLER Phone 205 854 1111Title VP PHOENIX COLOR Date 9/27/99Signature [Signature]